



Setting Goals and Strategies

Drinking Behavior, Illness, and the Air Force ADAPT Program

Capt Alan Ogle

Chief, Life Skills Support Center

ADAPT Program Manager

Wing Goal: Create a responsible alcohol culture that promotes healthy, low-risk drinking behavior

- 50% reduction in DUI over each of the next two years
- Reduce high-risk drinking & associated problem behaviors
- Increase awareness and prevalence of low-risk vs. high-risk drinking

FE Warren Strategy

Overview

- Based on national research:
 - National Institute of Alcohol Abuse and Alcoholism, “A Call to Action: Changing the Culture of Drinking at US Colleges”, 2002
 - National Academy of Sciences, “Reducing Underage Drinking: A Collective Responsibility”, 2003
- Three-pronged, integrated approach:
 - Individuals at High Risk
 - Base Population
 - Base and Surrounding Community

Key Points

- Drinking Behavior-A Matter of Degree
- Substance Use Patterns
- Early Identification of Problems
- Mandatory Evaluation and Treatment
- How to Use the ADAPT program

Why Young People Drink:

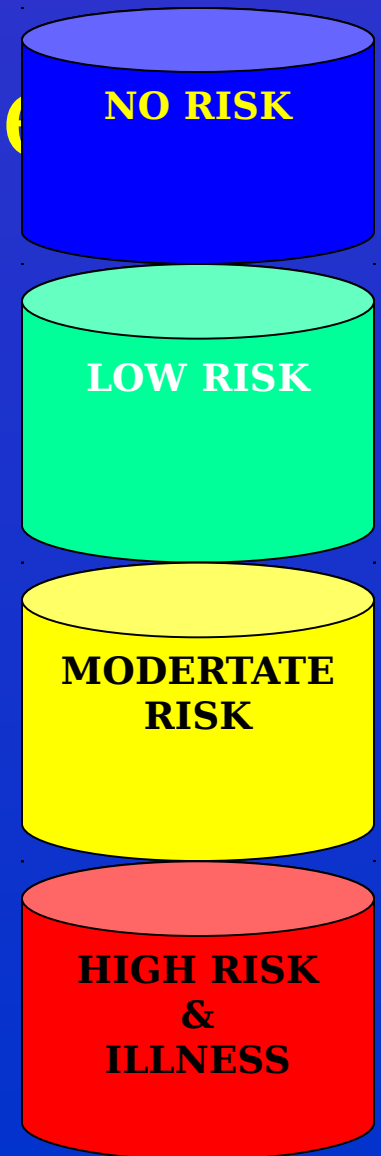
- Many reasons:
 - Fun
 - Curiosity, “Rite of passage”
 - Peers, “The thing to do...”
- Psychological Purposes:
 - ***To increase positive feelings***
 - ***To decrease negative feelings***



Levels of Drinking Behavior:

A Matter of Degree

- No Risk
- Low Risk Drinking
- Problem Drinking
 - Illegal/Underage
 - Alcohol Related Incidents (ARI)
 - Binge Drinking
- Alcohol Abuse
- Alcohol Dependence



Binge Drinking Defined

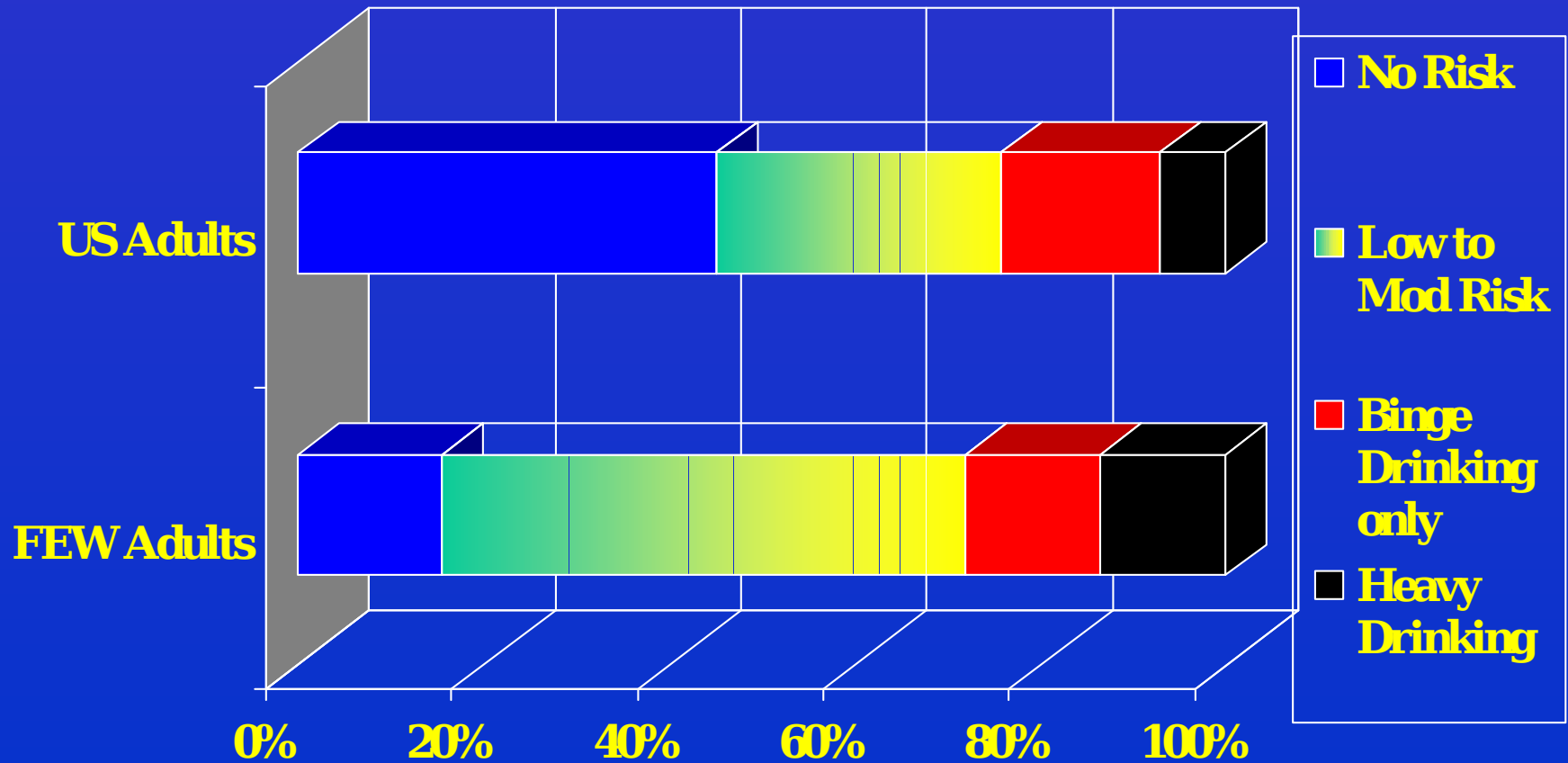
- “Binge drinking”:
 - Men = 5 or more drinks in a row
 - Women = 4 or more drinks in a row
 - “Drink” = 12 oz beer / 5 oz wine / 1.5 oz liquor
- Underage drinkers far more likely to binge drink than older drinkers

Binge Drinking

Binge drinkers are up to 10 times more likely to be involved in:

- Physical or sexual assault
- Serious accidental injury
- Get into trouble with police
- Dangerous/intoxicated driving
- Unprotected & unplanned sex
- Damage property

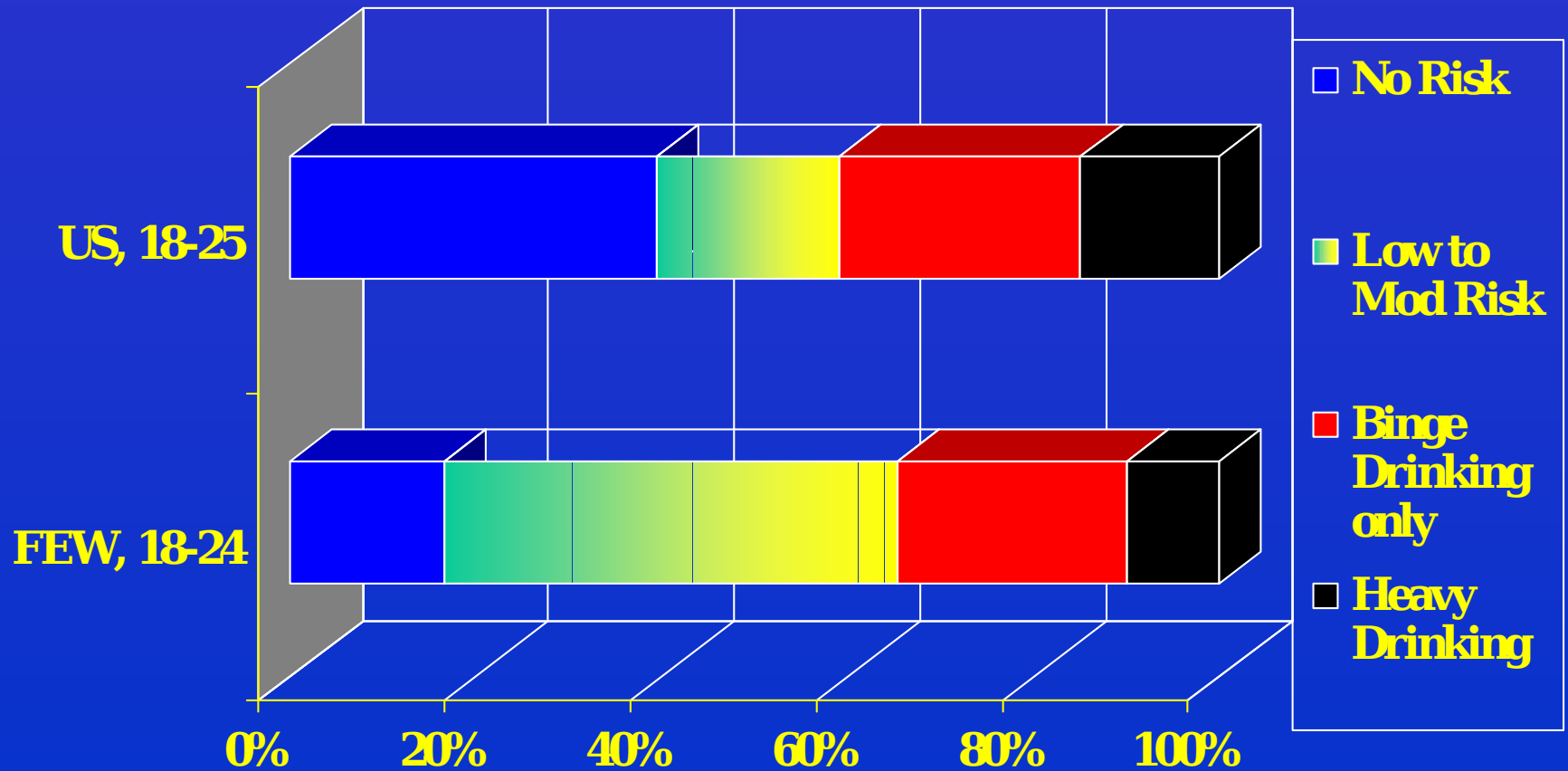
Drinking: US and FE Warren



US Data based on interview of 68,000; SAMHSA, Office of Applied Studies, "National Survey on Drug Use and Health", 2002.

FEW Women Data based on anonymous written survey of 414 active data members, 2004.

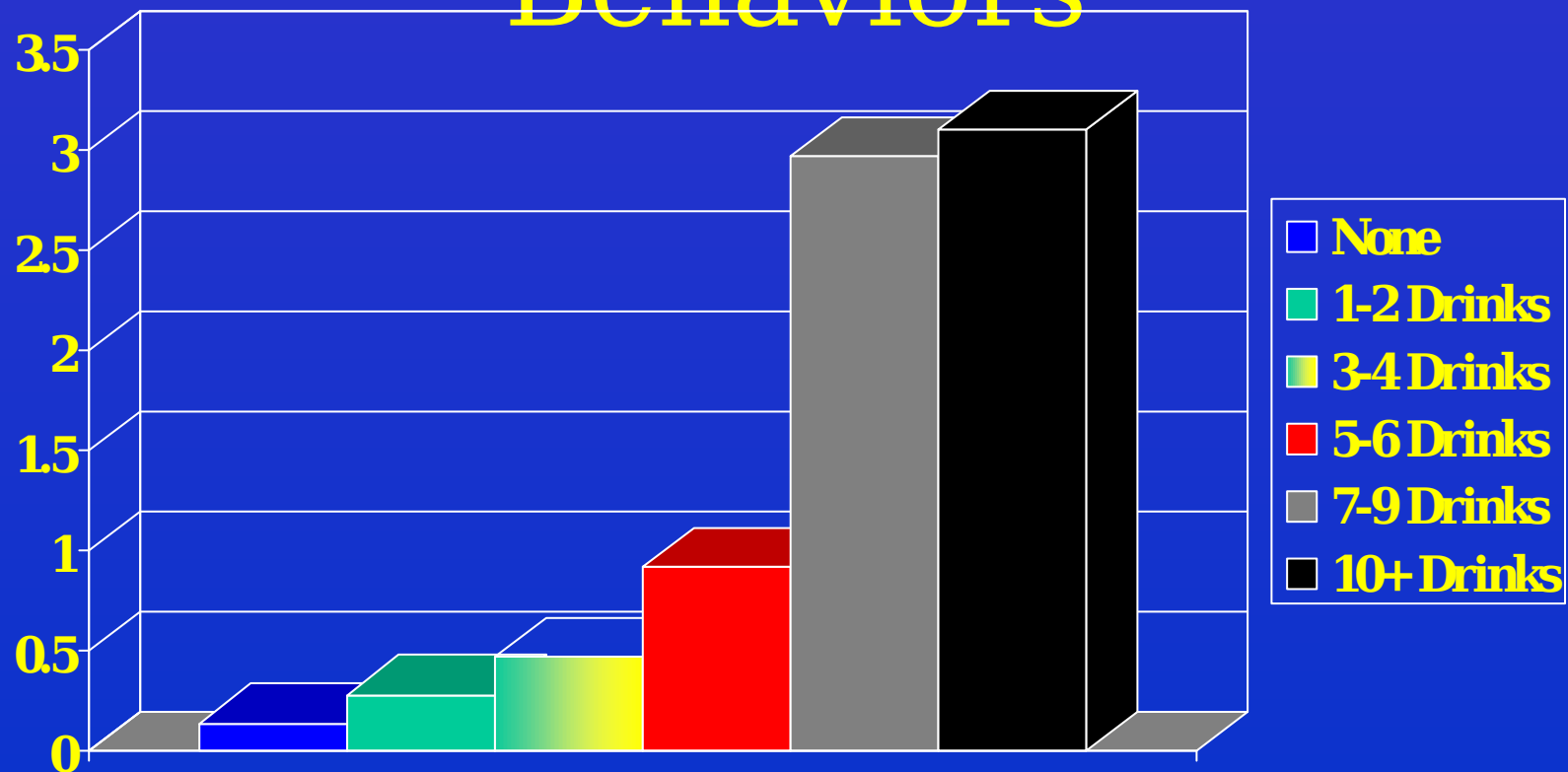
Drinking: US and FE Warren, College Age



US Data based on interview of 68,000; SAMHSA, Office of Applied Studies, "National Survey on Drug Use and Health", 2002.

FEW Data based on interview of 1,444; FEW, "Drinking and Driving", 2004.

FE Warren Data: Drinking and High Risk Behaviors



Average number of self-reported High Risk Behaviors: DUI/riding with drunk driver, argue/fight with spouse, physical fight, thinking about suicide, unprotected sex, unwanted or forced sex, late or missed work due to drinking, or using other drugs within the last year. Data from survey of 414 FEW active duty members, 2004.

RESPONSIBLE DRINKING



Zero Drinks if
you are Under 21!

Zero DUIs!

1 Drink
per hour, MAX!

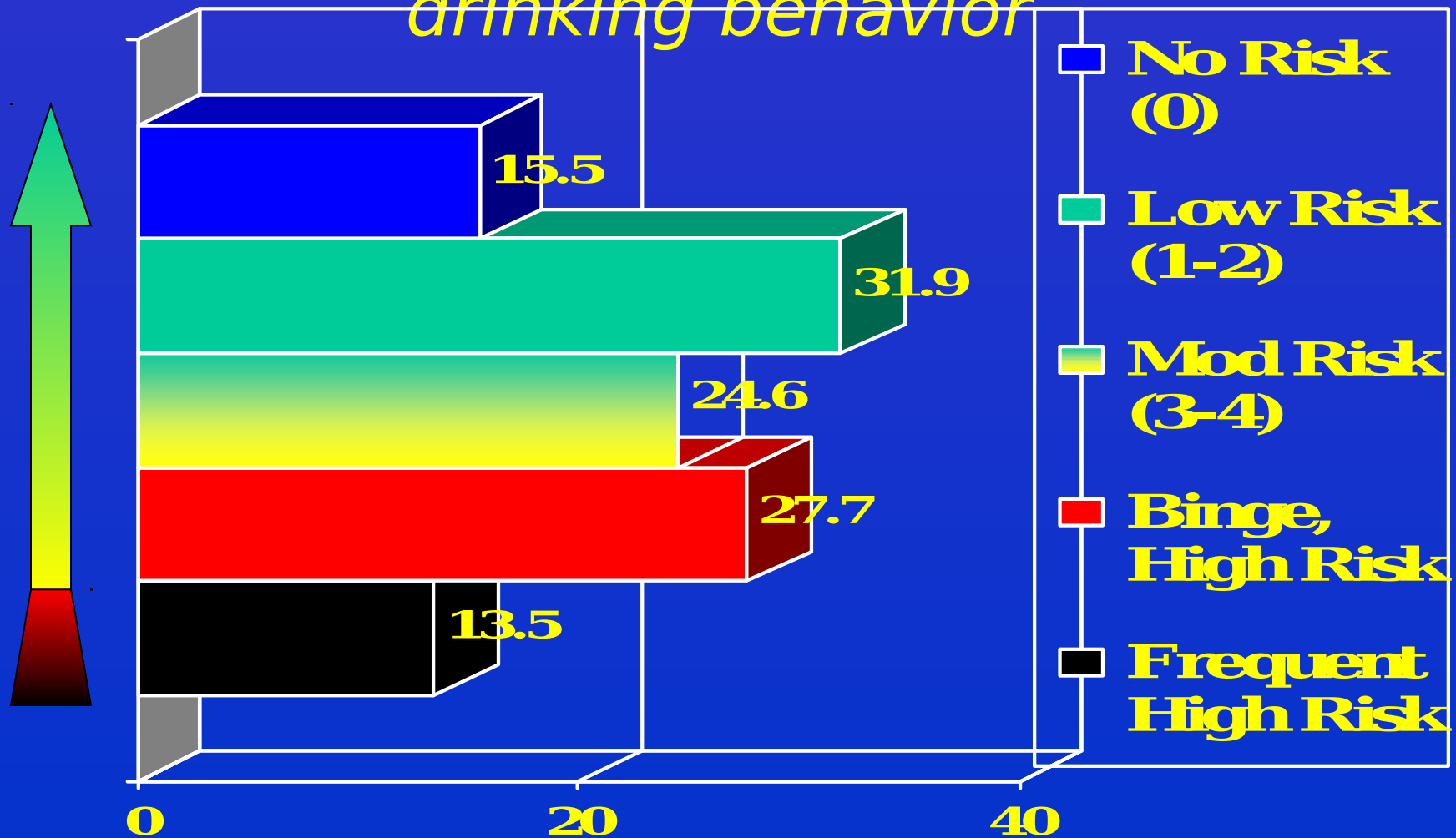
3 Drinks in one
Night, MAX!

Frustration & Ambivalence

- It's just the age.
- You can't stop them.
- College kids drink...
- I did it at that age...
- ***"I am a member of the United States Air Force serving in the defense of my country and I can't have a drink?!!"***



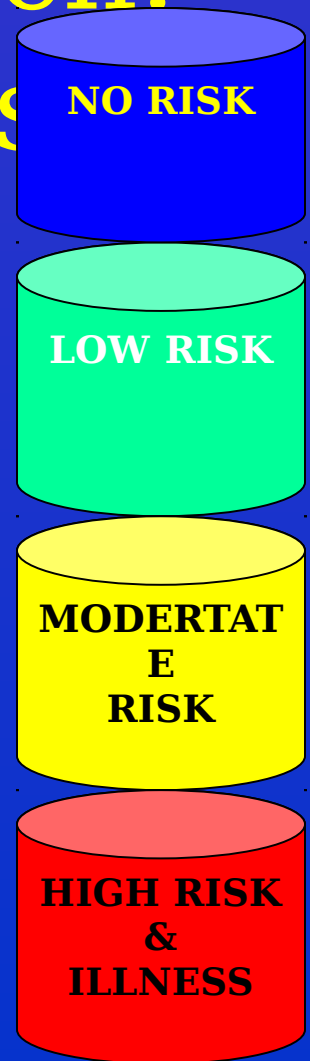
Operationalizing the Wing Goal: *Create a responsible alcohol culture that promotes healthy, low-risk drinking behavior*



FE Warren Data based on anonymous written survey of 414 active duty members, 2004.

Three-Pronged Approach: Individuals at High Risk

- Persons at moderate or high risk for problem drinking or substance use disorder
- Enter AF with established alcohol use disorders
- Genetics and/or Environment
- Poor coping skills or judgment



Identifying Persons at High Risk

- Self-Identification
- Behavior
- Universal Screening
 - Alcohol Use Disorder Identification Test (AUDIT)
 - Administered to all incoming personnel (FTAC, Rightstart)
 - CC notified of scores 8 or higher, with recommendation for referral to ADAPT evaluation

SAMPLE AUDIT

ITEMS

1. How often do you have a drink containing alcohol?

- 0 - Never or less
- 1 - Monthly
- 2 - 2 to 4 times per month
- 3 - 2 to 3 times per week
- 4 - 4 or more times per week

4. How often during the last year have you found that you were not able to stop drinking once you had started?

- 0 - Never
- 1 - Less than monthly
- 2 - Monthly
- 3 - Weekly
- 4 - Daily or almost daily

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- 0 - Never
- 1 - Less than monthly
- 2 - Monthly
- 3 - Weekly
- 4 - Daily or almost daily

Mandatory Evaluation and Treatment

- AFI 44-121 Alcohol and Drug Abuse Prevention and Treatment (ADAPT) Program
- ADAPT is part of the 90th Medical Group, Life Skills Support Center
 - Program Manager: Captain Alan Ogle
 - NCOIC: MSgt Jeffrey Randall, CADA
 - 773-2998



ADAPT Primary Objectives:

- Promote readiness, health and wellness through prevention and treatment of substance abuse
- Provide education and treatment for individuals with substance abuse problems
- Return patients to unrestricted duty status or assist them in transition to civilian life

How to Use ADAPT: Referrals for Evaluation

- Self-Referral
- Medical referral
- Commander Referral



Commander Referral:

- AFI 44-121 3.8.1 “A Unit commander shall refer all service members for assessment when substance use is suspected to be a contributing factor in any incident, e.g.:
 - DUI, public intoxication, drunk and disorderly, spouse/child abuse and maltreatment, under-aged drinking, positive drug test, or when notified by medical personnel.”
- Refer within 7 days of incident, ASAP for DUI

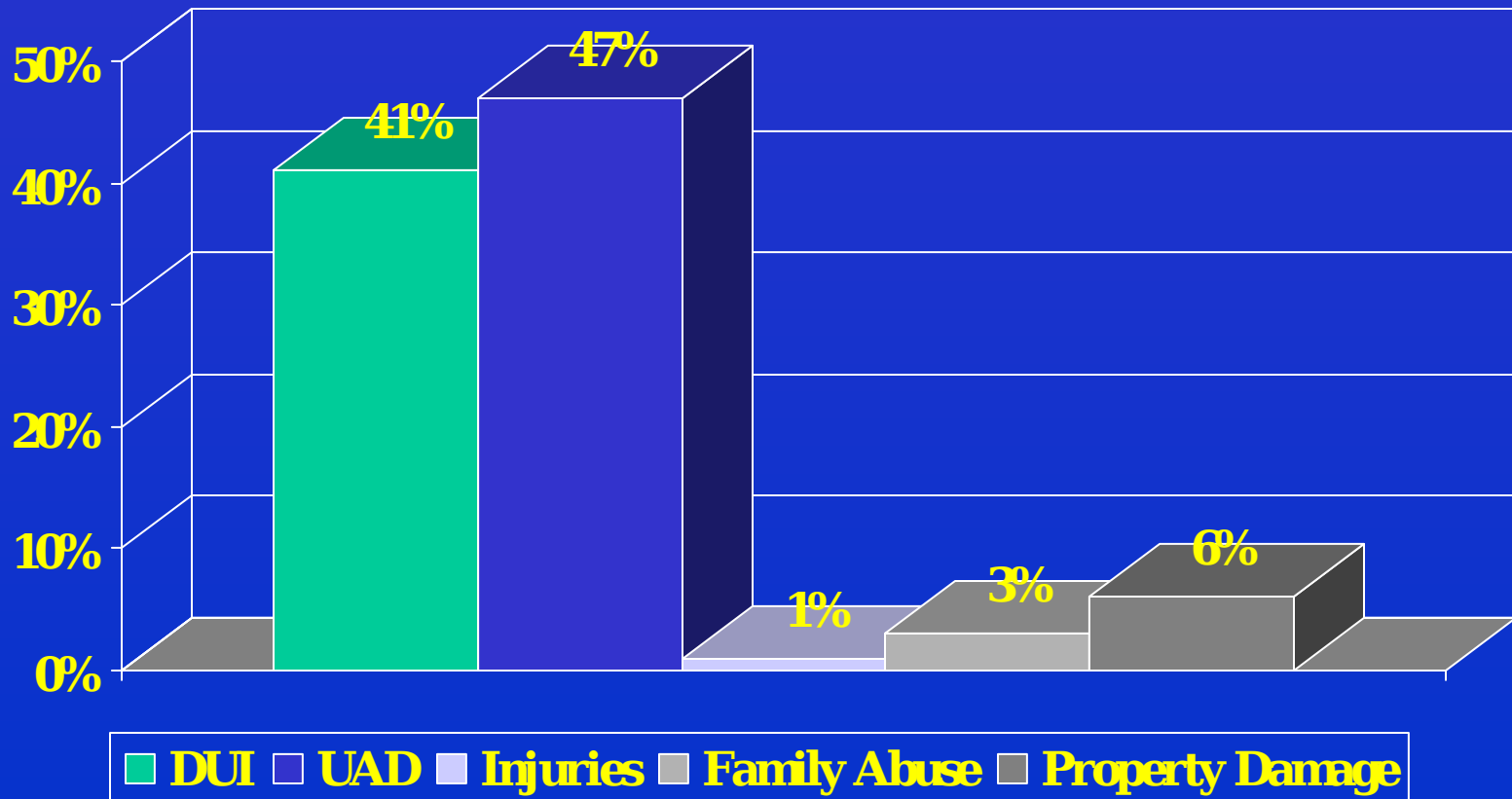
Command Referral Process:

- Unit commander (or designee) completes ADAPT Referral Form which provides important information about the member and the incident
- Commander informs the member of the purpose of the appointment, that it is nonpunitive, and that they are to report in uniform for a substance abuse evaluation

Evaluation Process:

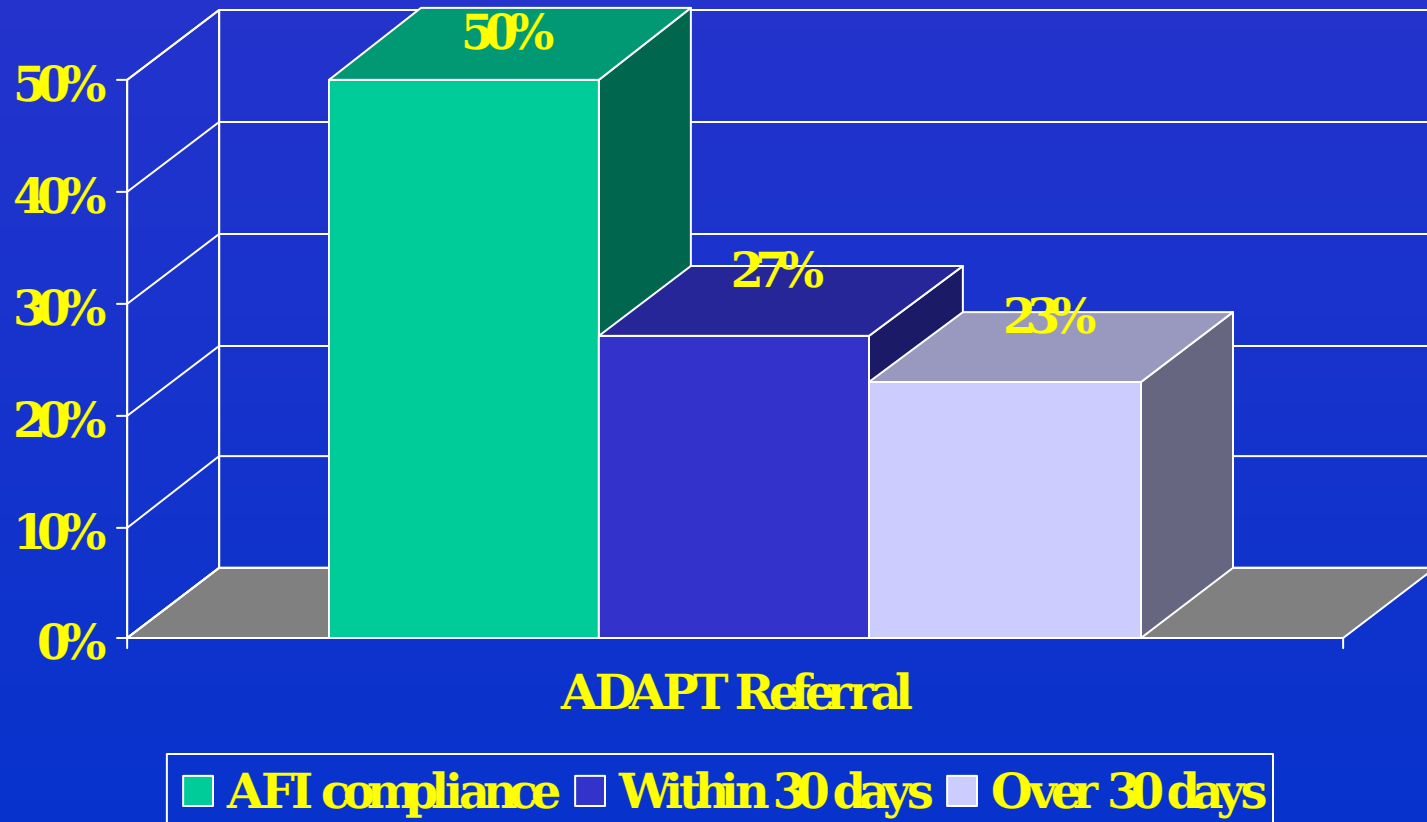
- ADAPT will provide an appointment within 7 days (or as soon as possible)
- Patient receives a substance use evaluation
 - American Society of Addiction Medicine criteria
 - “Motivational Interviewing” combined with the AF Substance Use Assessment Tool (SUAT)
 - Based on the information provided by the patient and unit, patient is directed to education or treatment
- Following the evaluation, the commander/first sergeant will be briefed on the outcome

Top Reasons for ADAPT Referral in 2003



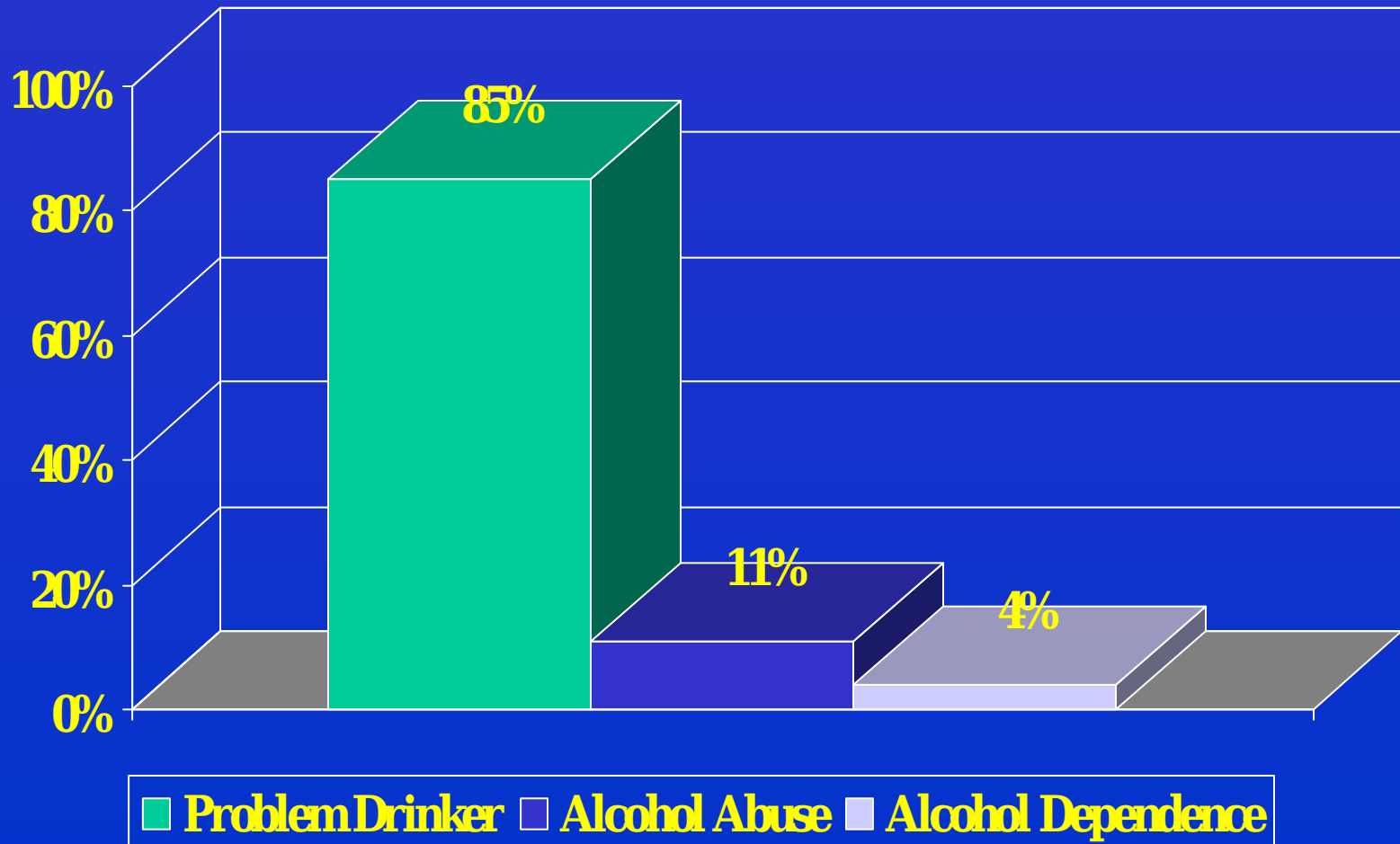
2003 Commander Referral Performance

Mandatory within 7 days of incident



Total 103 ADAPT referrals in 2003.

2003 Evaluation Results: Diagnosis



ADAPT Services: Evaluation and Education of Problem Drinkers

- All referrals receive:
 - Initial diagnostic evaluations
 - 6-hour Substance Abuse Awareness Seminar
 - Didactics and interactive group discussion

SAAS Topics

- | | |
|---|--|
| - Air Force and civilian standards regarding to substance use | - Hazards of binge drinking |
| - Individual responsibilities relating to substance use | - Group / Family Dynamics of substance abuse |
| - Air Force and civilian legal/administrative consequences | - DUI/DWI education |
| - Facts and statistics about alcohol | - Drug abuse education |
| - Physical and psychological effects of abuse | - Values clarification |
| - Potential impact on self, others, and the community | - Healthy stress |

Substance Use Disorders:

- 305.00 Alcohol Abuse (31% college students)
 - Recurrent, significant adverse consequences related to repeated alcohol use
 - Not addicted to alcohol
- 303.90 Alcohol Dependence (15% general population, lifetime rate)
 - Clinically significant impairment
 - Continued use despite serious negative consequence
 - Tolerance
 - With or Without Physiological Dependence

ADAPT Services:

Treatment

- Diagnosed AD members receive:
 - Individualized Treatment
 - If medically indicated, referral for off-base care
 - AA / NA meetings in the community
 - Intensive Outpatient Program (3-4 hours/day, 4 days/ week)
 - Inpatient hospitalization for detox (3-7 days)
 - Inpatient/Residential program (4-6 weeks)
 - Referral for spiritual counseling as desired
 - Transitional Counseling

ADAPT Services:

Treatment

AFI requires:

- Complete abstinence from alcohol (duration set by TT)
- A medical profile (S4T-not worldwide qualified)
- Treatment Team Meetings-initial and quarterly
 - Patient
 - Commander
 - First Sergeant
 - Supervisor
 - Counselor
 - ADAPT Program Manager
 - Flight Surgeon (Missileers only)
 - Others invited (spouse/close friend/relative)

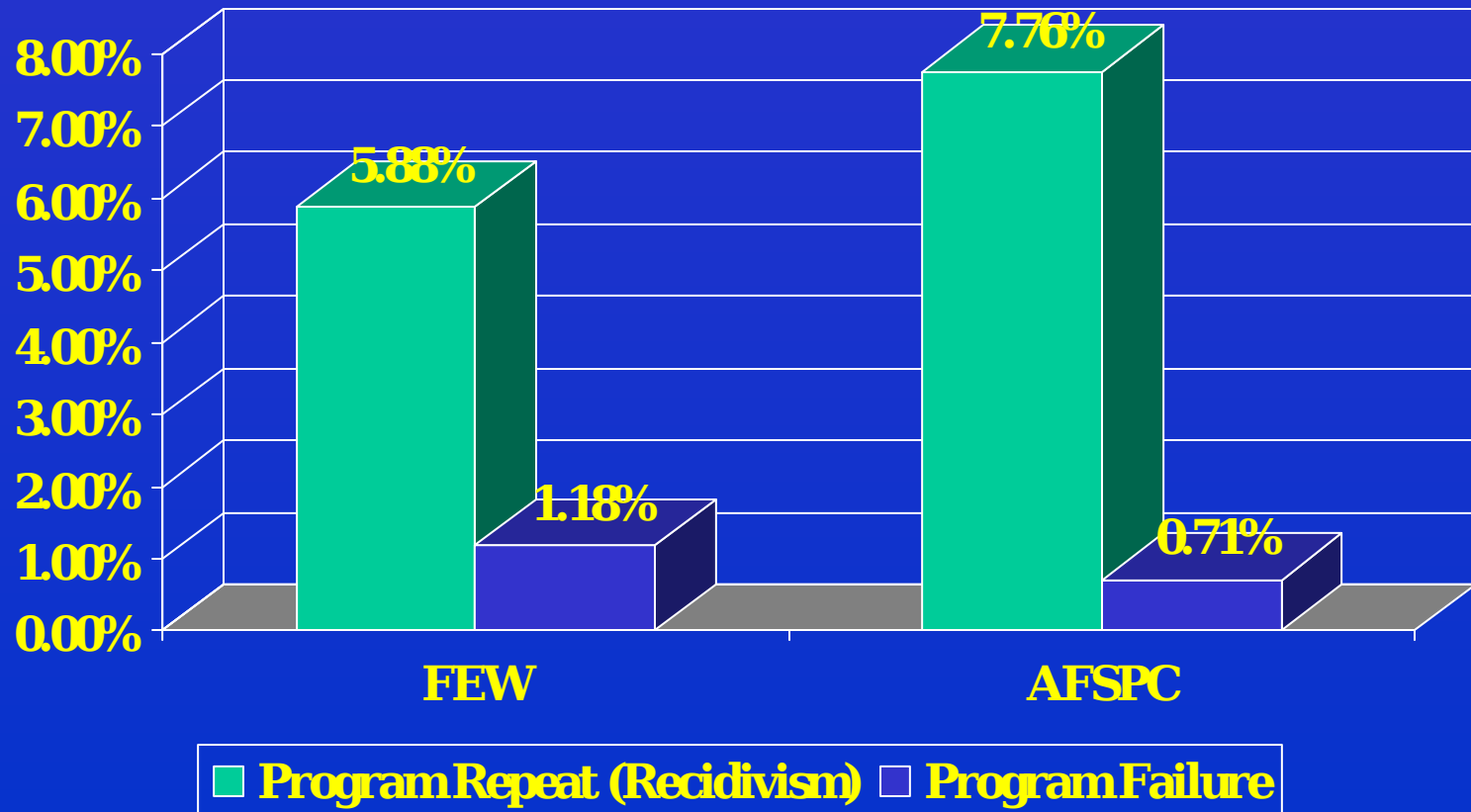
Program Completion:

- *Successful completion* of the ADAPT treatment program is based on:
 - meeting diagnostic criteria for “early full remission”
 - progress toward other treatment goals
 - and no longer requiring ADAPT program services for healthy living within AF standards.
- Realistic time frames for treatment range from 4 to 24 months depending upon severity, motivation, and progress

Program Failure:

- “Program failure” is determined by a pattern of
 - unacceptable behavior/unwillingness to live within AF standards regarding alcohol
 - inability or unwillingness to comply with the treatment plan
 - involvement in alcohol and/or drug related incidents after receiving initial treatment.
- Military members who fail the ADAPT program will be recommended for separation from AF

2003 ADAPT Program Outcomes



Personnel Reliability Program:

- If there is no diagnosis and no other PDI (e.g. stress, concentration, other problems) a member is returned to PRP duties—SAAS attendance still required
- Patients diagnosed abuse or dependence will be recommended for temporary or permanent decertification
- **Please note: Since PRP recommendations are often based on making a diagnosis, it is best to refer people for their FIRST incident**



Resources: Leader's Guide for Managing Personnel in Distress

- Sections:
 - Topics in Distress
 - Specific Life Challenges and Resilience
 - Interventions and Community Resources
 - Deployment and Other Special Topics
 - Information for Unit Members
 - Leadership in Action-Strategies for Disease Prevention and Management

<https://www.afms.mil/afspp/products/d>

CONCLUSION

